

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/17/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152549		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - CRC MUNSTER B. WING _____		(X3) DATE SURVEY COMPLETED R 05/10/2012	
NAME OF PROVIDER OR SUPPLIER COMPREHENSIVE RENAL CARE MUNSTER				STREET ADDRESS, CITY, STATE, ZIP CODE 9100 CALUMET AVE MUNSTER, IN 46321			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	<p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Certification Survey for the relocation of an End Stage Renal Disease (ESRD) facility conducted on 02/24/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 494.60(d).</p> <p>Survey Date: 05/10/12</p> <p>Facility Number: 010128 Provider Number: 152549 AIM Number: 200315330E</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this PSR survey, Comprehensive Renal Care Munster was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 494.60(d), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 20, New Ambulatory Health Care Occupancies.</p> <p>The facility is located in a one story, free standing building determined to be of Type II (000) construction and was not sprinklered. The facility has a fire alarm system with smoke detection in every room, corridors and areas open to the corridors.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/16/12.</p>			{K 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.